Effective October 1, 2001							9/045,118				
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TOTAL CLAIMS		(Column 1)		(Column 2)		TYPE			R SMALI	ENTIT	
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ULTIPLE DEPEN	RESENT						— OF	1	<del>-</del>		
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	(Column 1) CLAIMS		(Colum		(Column 3)	SIMAL	LENTIT		SMALL	<del></del>	
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						TOTAL		OR	TOTAL		
		ald For" IN TH				ADDIT, FEE		—┛ ̄``.	ADDIT. FEE	استينسيم	